

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/755525 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10	Cancelled									
11							60			
12							61			
13							62			
14							63			
15							64			
16							65			
17							66			
18							67			
19							68			
20							69			
21							70			
22							71			
23							72			
24							73			
25							74			
26							75			
27							76			
28							77			
29							78			
30							79			
31							80			
32							81			
33							82			
34							83			
35							84			
36							85			
37							86			
38							87			
39							88			
40							89			
41							90			
42							91			
43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	4						100			
TOTAL DEP.	23									
TOTAL CLAIMS	27									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS